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In this interview with historian Dr. Christopher Browning, we discuss his book, *Ordinary Men:* Reserve Police Battalion 101 and the Final Solution in Poland. An internationally renowned author and researcher, Dr. Browning is also a professor emeritus of history at the University of North Carolina at Chapel Hill (UNC). He is an internationally recognized expert on the Holocaust and Nazi Germany and has authored over 75 publications.

His focus on Battalion 101 emerged during his research of the Holocaust, when he discovered that this battalion was unlike any other in the German army or police force—it was comprised of ordinary, middle-aged men, not trained soldiers. Despite this fact, they assimilated into the Nazi practices of mass murder with disturbing ease. Dr. Browning examines the psychological and cultural influences that impacted this seeming phenomenon and offers poignant insights from existing historical documents.

The full audio transcription can be found here.

Preface

The objective of this episode is to help you consider, as the treatment provider, how our direct work with patients can influence them to challenge and decipher the complexity of their views. We hold the privilege of standing in the gap between patients' conscious and unconscious experiences with social pressures, helping them to broaden their own capacity for introspection and subsequent healthy responses to external influences and pressures.

The book illuminates the full spectrum and capacity of human behavior as it relates to areas such as obedience, authority, groupthink, collective influence and aggression. It is a painful lesson about power, influence, and the susceptibility for evil. There are countless vital pieces of information in this text that inform our psychology as human beings and we believe that it is absolutely vital to grasp the significance of this book. As you navigate this reading, please consider all of the social challenges we face today and begin to consider your relationship with even your most sacred constructs, also considering your patients' experiences and how this can be directly applied to your clinical work.

Christopher Browning's Identification of Historical Conformity

While studying the 30 volumes of trial manuscripts of post-war Nazi leadership indictments, Dr. Browning, who has spent his 50-year career researching the Holocaust, came across a chilling disclosure that challenged his beliefs on the power of human conformity. On their first day of duty, the men of Reserve Police Battalion 101 had been, astoundingly, offered a choice by their superior, Major Trapp, as to whether or not they wanted to participate in their assignment, which they were told would be to take part in the killing of innocent Polish Jews, mainly women and children. Given the choice, almost everyone still said yes to their assignment.

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As he recounted this harrowing discovery on the podcast, the raw enormity of the revelation hit him anew, overwhelming him in a maelstrom of anguish; tears gushed forth, rendering him trapped in a suffocating silence. He had seen something that changed his perspective—the willing, uncoerced consent these men had given to commit mass murder. What began on the first day extended into months, culminating in a small unit of approximately 200 men taking the lives of over eighty-thousand Polish Jews, including women, children, and even infants.

Distinct from the SS or the Hitler Youth, this group was regular, middle-class men—truck drivers, dock workers, and waiters, who weren't lifelong extremists or fervent Nazis and were often family men. These men absorbed the general anti-Jewish biases of their culture, much like any other German of the time, but were spared the intensive ideological brainwashing that groups like the SS or Hitler Youth underwent. Day by day they were given the choice of how much killing they wanted to do, and it was seen as "strong" or "courageous" to do the job. Conformity to the group and authority flips morality upside down, but there are cases where the men had negative physical manifestations from the weight of the atrocities and cases where they became numb and dissociated.

In this article, we consider what can help people think outside of the pressures to conform and how to create values and meaning through attachment, with the hope of increasing the capacity for critical thinking, identification of subtle dehumanization of a group, and a future where protesting will not be the minority of cases as it was in Germany.

Zimbardo's Stanford Prison Experiment and Milgram's Obedience Studies on Authority and Conformity

In the book, Dr. Browning references two studies that measure levels of compliance in people who are asked to assume various roles that, unknowingly, would provide a test case to assess the human susceptibility to the dehumanization process. These studies—Zimbardo's Stanford Prison Experiment and Milgram's Obedience Studies—converge on a central theme: under the influence of authority and societal norms, individuals tend to adopt specific roles and obey authoritative commands.

In the Stanford Prison Experiment, participants were recruited to imitate the role of either prison guard or prisoner, interacting with one another on these terms, while the researcher examined the psychological effects, if any, the roles produced in each participant. Astoundingly, in less than a week, the participants assigned to be guards displayed increasing levels of brutality towards the prisoners, while the prisoners fell into psychological places of despair and depression. Remarkably, visitors, including parents and even a chaplain, displayed trust in the "research" setup and didn't question the unfolding events. While only a minority of the prison guards acted with kindness, the observers still refrained from approaching the school's dean to request the termination of the experiment. It was Zimbardo's research associate, turned future

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wife, Dr. Christina Maslach, who confronted him and instigated the experiment's successful closure on day six. It is possible to speculate that his attachment to Dr. Maslach influenced his willingness to completely shut down the study.

Likewise, in his groundbreaking obedience research, Stanley Milgram found that when prompted by an authority figure in a controlled setting, approximately 65% of participants were willing to administer increasingly severe electric shocks to actors. These shocks, though simulated and harmless, were presented as escalating up to a life-threatening 450 volts, eliciting visible distress from the actors and profound moral conflict in the participants. In Milgram's experiment, participants displayed palpable emotional distress and internal conflict when they believed they were administering painful shocks to the actors, reflecting the deep psychological impact of their perceived actions.

This psychological turmoil finds a parallel in the police battalion where certain members, overwhelmed by the weight of their actions, occasionally refrained from executing their heinous tasks when not being directly observed. Additionally, alcohol and celebratory social events were frequently provided as post-massacre coping mechanisms, highlighting the profound distress their actions produced.

The Digital Age and Polarization

If group cohesion and dehumanization of the other group are necessary for horrific events to take place, we need to notice when these mindsets are occurring. In today's digital age, we have witnessed a surge in polarization, and it might get worse. Platforms such as YouTube, TikTok, Instagram, and Twitter are locked in a fierce battle to retain user attention. To achieve this, they employ sophisticated algorithms that detect minute spikes in viewer engagement, subsequently serving content that aligns with these preferences. Thus, you can end up down a rabbit hole and only see videos that reinforce your bias. Research suggests that excessive engagement with short-form videos can adversely affect cognitive abilities. This is evidenced by impaired performance on the Stroop task—an evaluation specifically designed to measure frontal lobe functions, including selective attention, cognitive flexibility, and processing speed (Chen et al., 2022).

Our culture is currently dominated by polarization. As an individual, we are expected, if not required, to align with polarizing views. Collective anger and reactivity are prevalent and we are finding that processes such as civil discourse, diplomacy, and deep introspection around social issues are becoming increasingly unusual and even condemned. This paradigm has given way to a society predicated on conformity to the various ends of the spectrum; we live in a culture whose mantra is, "You are either with us or against us." Subsequently, this has led individuals to feel they must identify with various groups known as "in-groups" and "out-groups" to the point their identification, alliance and reliance with these groups supersedes their own personal value systems and independent thought on various matters. This has created a society dominated by

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increasingly polarized collective narratives (shared story or interpretation of events that binds a group of people together). With the increased polarization within groups, there are increased dehumanizing descriptions of the out-group.

Dehumanization

While the effects of polarization are very obvious, we can see that its roots are often grown subtly. Once a successful polarizing narrative has been achieved, dehumanization can begin to exist on a subconscious level. Hindsight allows us to see with clarity the intensely polarizing nature of the Nazi party propaganda in the World War II era, which subsequently led to the dehumanization of an entire people group.

It may seem like a dramatic example, but really it is a sobering reminder that, even today, we should be acutely aware of the consequences that can occur in a polarizing environment. We must become attune to these mindsets, guarding against the dehumanization of whole groups of people, including the groups we see displaying dehumanization themselves. Dr. Browning discusses this concept in the book, how it is one-dimensional thinking to label an entire group with the same stamp. He explains in great depth that, within the Nazi regime, there was not a blanket level of compliance or allegiance throughout the party—there were varying degrees of assimilation. His account notes an entire spectrum of groupthink from complete indoctrination of the party ideals, to reluctant compliance, indifference, and unfortunately, in the fewest cases, rejection. Individuals are pulled into the group dynamic due to a variety of psychological influences, which he gives more context to in the book.

After all, it is worth considering if they would behave differently in a different environment. Also worth considering is how we, ourselves, would have behaved in the same or similar setting, as we have seen the innate human proclivity towards compliance in the studies of human behavior. What we should focus on is protesting the ideology, not the group, for the dehumanization. At times, we do encounter individuals who embody more of the dark triad—narcissism, psychopathy and machiavellianism—and those with these characteristics need to be, perhaps, more forcefully ideologically refuted.

Navigating Collective Narratives and Rediscovering Personal Values

The therapeutic relationship offers a unique space for individuals to uncover and explore the collective narratives that have influenced them. Our role as therapists is to guide them in reflecting on how these narratives have impacted their way of thinking—perceptions, judgements, ideology and value system. Collective narratives often subtly become part of our unconscious makeup, informing how we view others and interpret our own life experiences. By uncovering these "background" narratives, we can help people identify their own unique ideals

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and values, allowing them to assign their own meaning. Becoming observant of the pressure to conform to collective narratives creates awareness of our individual tendencies towards groupthink, whether due to adopted ideals or personal experiences, and can illuminate our true values apart from what has been culturally-informed.

When deep conformity is required of someone for integration into a particular group, there may be brief moments of anger, disgust, or internal conflict. Individuals might realize they see issues in a different way, but suppress their own beliefs for the sake of conformity to the group or mainstream societal views. Having patients outline where their own personal value system differs from the prevailing collective views can help to determine these points of cognitive dissonance, framing the concept of "value system" as their individual beliefs about what they deem important, meaningful and right, that influence their behavior.

We can encourage the patient to examine their beliefs or emotional responses to see if any are potentially being fueled by some aspect of groupthink, the echo chamber effect, or pressure to conform. When we encourage them to name their points of disagreement, it deepens their sense of self and fortifies their ability to resist future collective narratives.

Strengthening Personal Convictions Through Therapy

As patients confront their disagreements with collective narratives, it will become crucial for them to also have psychological safety within the therapeutic relationship to feel comfortable voicing thoughts they imagine we would find offensive or that would provoke our "disapproval." We can provide this safety by modeling a secure attachment patient-provider relationship. This secure attachment modeling offers an anchor point as they explore their identity—their own personal, and deeply embedded, value system. If they feel safe enough within the therapeutic relationship to share their deeply held, personal convictions, without fear of fracturing the relationship, they will develop emotional and psychological resilience, gaining more ability to express these deeply held convictions at a future time when a relational fracture is actually a possibility.

Connection that allows space for disagreement and speaking without shame is powerful and allows for independent future thinking and expression. There is tremendous value in them being able to disagree with us (or their perception of what our position might be)—it is practice for them to be able to disagree with authority and it strengthens their sense of self. It can be thought of as a type of behavioral deconditioning. With the resilience they gain in the safety of the therapeutic relationship, they can move to looking for small moments of disagreements within their social context.

It is worth considering that this process may be harder for people with high agreeableness, a deep, profound hunger for attachment, or parents that never admitted to wrongdoing, to verbalize values that might disagree with a provider. Thus, the provider has to create the

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psychological space, free of the fear of shame or blame, for examining areas of disagreement. For these types of patients, facing disagreement with authority figures can be painful; however, this pain is an indicator of a deeply held value that has been violated in some way.

By creating a safe psychological space, the patient has the security to wrestle with these pain points and establish a conscious value system around them, which only further strengthens their sense of self and ability to resist groupthink. This relational dynamic creates a microcosm in which the patient "tries out" the expression of their belief, which can then be replicated in the outside world.

Holding Space for Authentic Self-Discovery

Repressed Individuality

As we watch our patients break away from group narratives and establish their individualism, we may be observing parts of their psyches being resurrected that have been long repressed. Perhaps they've had to hide these vital parts of themselves in order to align with the effect of societal polarization. As we hold space for the patient to freely examine these deeply integral parts of their psyche, they can begin to have a corrective emotional experience.

Deep examination of personal meaning, realigning with values, and the safe and secure attachment forged through the therapeutic relationship build a platform on which the corrective emotional experience can take place. In essence, we hold space for the patient to witness, possibly for the first time, a part of themselves that has the capacity to activate change and be assertive.

Arriving at this place, therapeutically, will most likely be challenging, as the patient will have numerous unconscious defenses they have developed over time as coping, or assimilation, mechanisms. We may find ourselves on the other side of these inner aggressions, at times, as we navigate the layered dynamics. However, within a healthy therapeutic relationship, the aggression can be transferred onto the therapist, who can help name this feeling and explore its origin with the patient. In this context, the anger or aggression can often be traced back to the patient's long-term inability to freely express their deeply held individuality, their opposition to authority, and the psyche's natural tendencies for healthy non-conformity. Over time, the safety of the secure attachment between the patient and provider births resilience that will allow the patient to overcome these repressions.

On a biological level, this process produces new neural pathways in the brain, establishing these new schemas on a physiological level—in other words, the patient begins to feel confident in their belief systems. As these patterns repeat, a perpetual cycle of positive reinforcement is created both within and outside of the therapeutic setting.

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Empowering Individuality

Through the process of helping a patient deconstruct unconscious collective narratives and establish healthy individuality with an embedded sense of self, we will witness their empowerment to becoming true agents of change. As they align their value systems, along with the safety achieved within the therapeutic dynamic, they can ultimately find their genuine individual expression and then have the capacity to influence positive change on a systemic level.

Reference:

Chen, Y., Li, M., Guo, F., & Wang, X. (2022). The effect of short-form video addiction on users' attention. Behaviour & Information Technology, 1-18.